

2954

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 407

Registrar's No. 210-R

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location County Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 day; In Community 5 years; In Arizona 6 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Yavapai (c) City or Town Prescott
(If outside city limits also write RURAL)
(d) Street No. 1301 Linwood Ave. (e) If foreign born in U. S. A. 0 yrs.
3. (a) FULL NAME Lewis A. Bennett (b) If veteran 0 (c) Social Security No. 0
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive. _____ yrs.

7. Birthdate of deceased Feb. 7, 1910.
(Month) (Day) (Year)
8. AGE: Years 30 Months 8 Days 3 If less than one day
hrs. _____ min. _____

9. Birthplace Tucker County, West Va.
(City, town or county) (State or Country)

10. Usual Occupation Mill Worker

11. Industry or Business _____

Father { 12. Name Azora Bennett
13. Birthplace West Va.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Mary Bonner
15. Birthplace West Va.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Mary Bennett
(b) Address Prescott, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz. (c) Date Oct. 14, 1940

18. (a) Embalmer's Signature Lester Ruffner
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona.

19. (a) October 13, 1940
(Date received local Registrar)
(b) Jos. P. McNally
(Registrar's Signature)

5M 100% Rag 7/11/49

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 10, 1940.
TIME (Hour and minute) Sept 28th 10:00 PM 1940
21. I hereby certify that I attended the deceased from Sept 28th 1940 to Oct. 9th 1940.
that I last saw him alive on Oct. 9th, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Tuberculosis. About 6 years

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature J. Allen M. D.
Address Prescott, Arizona Date signed Oct. 14, 40